

C. Milton Wright High School  
1301 N. Fountain Green Road, Bel Air, MD (410) 638-4110  
**Parent/Guardian Permission Slip for School Field Trip**

I do hereby give my permission for \_\_\_\_\_ to participate in a co-curricular experience with the C. Milton Wright Band on:

**Required Performances: (NOT OPTIONAL)**

Wednesday, October 26, 2022	Harford County Marching Band Showcase
Tuesday, November 1, 2022	Harford County Showcase Rain Date
Sunday, November 6, 2022	Towson University Marching Band Showcase
Saturday, December 3, 2022	White Marsh Holiday Parade
Sunday, December 4, 2022	Bel Air Holiday Parade
Wednesday, March 8, 2023	Harford County Band Assessments ( <i>Wind Ensemble</i> )

**Optional: (Enrichment Activity)**

April 2020 TBD	SARC - Walk A Mile In Her Shoes
May 2023 TBD	Race for Hope in Washington DC

***\*\*You will be notified via email/social media of report times for each individual event.\*\****

Caregiver Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

*(number parent/guardian can be reached during field trip)*

***\*\*Absence Request Forms MUST be turned in 2 weeks prior to an absence from a required event.\*\****

# Medical History Form

**Safety is our first priority!** The following information will be helpful in providing the best and wisest care for your child in the unlikely case of an emergency. It will be treated as confidential and will be hand carried by the classroom teacher during the field trip.

---

Name of Student

Age

---

Name of Caregiver

Home Phone

Work Phone

---

Emergency Contact Name

Phone

---

Name of Family Doctor

Phone

---

Health Insurance Provider

Policy Number

1. Date of most recent tetanus shot: \_\_\_\_\_
2. Do you know of any factors which might necessitate your child's following a program of limited physical activity? \_\_\_\_\_
3. Allergies:
  - a. Foods: \_\_\_\_\_
  - b. Drugs: Sulfa \_\_\_\_\_ Penicillin \_\_\_\_\_ Aspirin \_\_\_\_\_ Other \_\_\_\_\_
  - c. General: Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Stings \_\_\_\_\_
4. If your child presently is taking prescribed medication and will need it on the day of the field trip, please provide a medication form signed by your child's doctor and contact the school nurse.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Caregiver Signature